

STATE OF MARYLAND  
DEPARTMENT OF GENERAL SERVICES  
MARYLAND CAPITOL POLICE

**Confidentiality Agreement**

CAP Number \_\_\_\_\_

Pursuant to the Public Safety Article, § 3-104(n)(ii)(1.), Annotated Code of Maryland, I hereby acknowledge and agree that any and all material contained in the record received from the report of internal investigation shall be strictly and narrowly used for the sole purpose of defending myself in any Maryland Capitol Police administrative hearing. The agreement herein shall likewise bind my representative, agent, or legal counsel. Use or disclosure of said confidential information for any purpose other than that here stated, shall constitute a breach of this agreement and subject the party to administrative charges, which may result in my dismissal from the Maryland Capitol Police.

Department  
Employees Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_